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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FEB 05 2008

Washington, DC

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FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hours per response.....16.00

SEC U	SE ONLY
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) BLACK LEAF X3, LP	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ nroe
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) BLACK LEAF X3, LP	08024129
Address of Executive Offices (Number and Street, City, State, Zip Code) 106 Seventh Street, Garden City, NY 11530	Telephone Number (Including Area Code) (516) 802-3860
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Securities	
Contourner Control of the Control of	lease specify):
	FEB 0 8 2008
Month Year Actual or Estimated Date of Incorporation or Organization: 12 017 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada: FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Rederal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BAS	IC IDENT	IFICATION DATA				
2. Enter the information re	quested for the fo	llowing:				-		
	•		ized within	the past five years;				
						or more of a	cla	ss of equity securities of the issuer.
				orate general and ma				
		f partnership issue						
Check Box(es) that Apply:	Promoter	Beneficial C		Executive Officer		Director	Ø	General and/or
								Managing Partner
Full Name (Last name first, i Black Leaf Capital, LLC	f individual)							
Business or Residence Addre	ss (Number and	Street, City, State,	Zip Code)					
106 Seventh Street, Gard		530						
Check Box(es) that Apply:	Promoter	Beneficial C	wner [Executive Officer	_ i	Director	Z	General and/or Managing Partner
Full Name (Last name first, i	f individual)		-	.,				
Timothy Irwin								
Business or Residence Addre	ss (Number and	Street, City, State,	Zip Code)					-
Same as above								
Check Box(es) that Apply:	Promoter	Beneficial O	wner [Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i George G. Balgent	f individual)	<u>-</u> .			· <u>·</u>			
Business or Residence Addre	ss (Number and	Street, City, State,	Zip Code)					-
Same as above								
Check Box(es) that Apply:	Promoter	Beneficial O	wner [Executive Officer	_ r	Director		General and/or Managing Partner
Full Name (Last name first, in	findividual)		· · · · · ·					
Business or Residence Address	ss (Number and	Street, City, State,	Zip Code)					
Check Box(es) that Apply:	Promoter	Beneficial O	wner [Executive Officer	<u> </u>	Director		General and/or Managing Partner
Full Name (Last name first, it	findividual)							
Business or Residence Addres	ss (Number and	Street, City, State,	Zip Code)					
Check Box(es) that Apply:	Promoter	Beneficial O	wner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	findividual)							
Business or Residence Address	ss (Number and	Street, City, State,	Zip Code)					
Check Box(es) that Apply:	Promoter	Beneficial O	wner [Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	findividual)							
Business or Residence Address	s (Number and	Street, City, State,	Zip Code)			·····		
 	(Use blar	ık sheet, or copy ar	d use addit	ional copies of this :	sheet, as	necessary)		

B. INFORMATION ABOUT OFFERING		<u> </u>
V. Il in a little of the investment of the consequence in this offering?	Yes	No 図
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.	······	<u>(A)</u>
2. What is the minimum investment that will be accepted from any individual?	s ^{1,}	00.000,000
2. What is the minimum investment has will be accepted from any inclination	Yes	No
3. Does the offering permit joint ownership of a single unit?		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offer if a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of a broker or dealer, you may set forth the information for that broker or dealer only.	ring. state	
Full Name (Last name first, if individual) N/A		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	<u>_</u>	
(Check "All States" or check individual States)	🗆 A	Il States
AL AK AZ AR CA CO CT DE DC FL GA	ш	ΙĎ
TL IN IA KS KY LA ME MD MA MI MN	MS	MO
MT NE NV NH NI NM NY NC ND OH OK		PA
RI SC SD TN TX UT VT VA WA WV WI	WY	PR
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	A	li States
AL AK AZ AR CA CO CT DE DC FL GA	HI	ID
IL IN IA KS KY LA ME MD MA MI MN		MO
MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI		PA PR
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	🗀 Al	I States
AL AK AZ AR CA CO CT DE DC FL GA	HI	Œ
IL IN IA KS KY LA ME MD MA MI MN		MO
MT NE NV NH NJ NM NY NC ND OH OK	OR	PA

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, chec this box and indicate in the columns below the amounts of the securities offered for exchange an aiready exchanged.	k		
	Type of Security	Aggregat Offering Pa		Amount Aiready Sold
	Debt	. \$		s
	Equity			\$ 0.00
	Common Preferred			
	Convertible Securities (including warrants)			
	Partnership Interests			
	Other (Specify)	\$.\$
	Total	\$_100,000,	000.0	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	:		
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A			S
	Rule 504		_	\$
	Total		_	\$_0.00
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs		\square	\$ 15,000.00
	Legal Fees		\overline{Z}	\$_30,000.00
	Accounting Fees			\$
	Engineering Fees			s
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify) Filing fees			\$ 5,000.00
	Total		171	\$ 50,000.00

	C. OFFERING PRICE, NU	mber of investors, expenses and use c	F PROCEEDS	
	and total expenses furnished in response to Part C – proceeds to the issuer."	***************************************	oss 	\$
5.	Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	any purpose is not known, furnish an estimate a of the payments listed must equal the adjusted gr	and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🗆 \$	_ []\$
	Purchase of real estate	***************************************	[s	
	Purchase rental or leasing and installation of ma	achinery		
	and equipment	***************************************		
	Construction or leasing of plant buildings and fa	acilities	🔲 \$	- D\$
	Acquisition of other businesses (including the ve offering that may be used in exchange for the as:	esets or securities of another	m t	
	issuer pursuant to a merger)		[] 3	- U*
	Repayment of indebtedness	***************************************		
	Working capital		🔲 \$	N. 2 20'000'000'
	Other (specify):		_ 🗆 \$	
		•••	- □ \$	
	Column Totals			
	Total Payments Listed (column totals added)			9,950,000.00
		D. FEDERAL SIGNATURE		
iσι	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fulniformation furnished by the issuer to any non-ac	urnish to the U.S. Securities and Exchange Com-	mission, upon writte	tle 505, the following on request of its staff,
SSI	ter (Print or Type)	Signature	Date	
BL	ACK LEAF X3, LP	midly brain	1-27-09	Ъ
la:	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
	othy Irwin	Managing Member of the General Partner,	Black Leaf Capital	, щc
ım	othy irwin	managing member of the General Partner,	DIGON LOGI Capital	<u> </u>

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes [**]	No ⋉	
	See Appendix, Column 5, for state response.			

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
BLACK LEAF X3, LP	mallylowie	1-27-08
Name (Print or Type) Timothy Irwin	Title (Print or Type)	ıl Partner, Black Leaf Capital, LLC
imodiy iimiii	Managing Member of the General	ii Farinei, biack Leai Capitai, LLC

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
1	Intend to non-a investor	2 I to sell accredited s in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR							·			
CA										
со										
СТ									Γ.	
DE							<u> </u>			
DC										
FL										
GA							. <u></u> .			
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KY										
LA										
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MD								i		
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MN										
MS										

APPENDIX 4 5 3 2 1 Disqualification under State ULOE Type of security (if yes, attach and aggregate offering price Intend to sell explanation of Type of investor and amount purchased in State to non-accredited waiver granted) offered in state investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item I) Number of Number of Non-Accredited Accredited Investors Yes No Investors Amount Amount State Yes No MO ΜT NE NVNH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA wv WI

				APP	ENDIX			<u></u>	
1		2	3 Type of security			5 Disqualificati under State UI			
	to non-a	d to sell accredited as in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				, attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY							· · · · · · · · · · · · · · · · · · ·		
PR									